



## State of Tennessee

### Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

Fax: 615-741-9884

## FINAL PROJECT REPORT

Please TYPE or PRINT legibly.

Certificate of Need No. \_\_\_\_\_

Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact: \_\_\_\_\_

Description: \_\_\_\_\_

Total Bed Complement Before Addition \_\_\_\_\_

Total Bed Complement \_\_\_\_\_

What was the Final Completion Date (opened for public use)? \_\_\_\_\_

Was the project completed as certified? ☐ YES ☐ NO  
(If not, describe any changes, deletions, and/or additions on additional sheets.)

	Original	Final		Cost Projection	Project Cost
<b><u>COST FACTORS</u></b>					
A.	Construction and equipment acquired by purchase:				
1.	Architectural and Engineering Fees				
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees				
3.	Acquisition of Site				
4.	Preparation of Site				
5.	Construction Costs				
6.	Contingency Fund				
7.	Fixed Equipment (Not included in Construction Contract)				
8.	Moveable Equipment (List all equipment over \$50,000)				
9.	Other (Specify) _____				
	<b>Subtotal</b>				
B.	Acquisition by gift, donation, or lease:				
1.	Facility (inclusive of building and land)				
2.	Building only				
3.	Land only				
4.	Equipment (Specify) _____				
5.	Other (Specify) _____				
	<b>Subtotal</b>				
C.	Financing Costs and Fees:				
1.	Interim Financing				
2.	Underwriting Costs				
3.	Reserve for One Year's Debt Service				
4.	Other (Specify) _____				
	<b>Subtotal</b>				

D.	Estimated Project Cost (A+B+C)	_____	_____
E.	CON Filing Fee	_____	_____
F.	<u>Total Estimated Project Cost (D+E)</u>	_____	_____

**FINAL COST<sup>†</sup>** \$ \_\_\_\_\_

**FINAL FILING FEE<sup>‡</sup>** \$ \_\_\_\_\_

If the final project cost is an overrun of the estimated project cost, describe in detail all increases in final costs from those originally projected.

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The Final Filing Fee to be assessed on any cost overrun is to be computed at the rate current at the time the project was certified. Below is the outline of the rates from January 1994 through the present.

<i>PERIOD</i>	<i>FEE per \$1,000</i>	<i>MAXIMUM--MINIMUM</i>	<i>FINAL FILING FEE</i>
<b>Projects Approved January 30, 1994 through June 30, 2016</b>	<b>\$2.25/\$1,000</b>	<b>\$3,000--\$45,000</b>	<b>\$2.25/\$1,000 Total filing fee (initial plus final) not to exceed \$45,000.</b>
<b>Projects Approved July 1, 2016 through Present</b>	<b>\$5.75/\$1,000</b>	<b>\$15,000--\$95,000</b>	<b>\$5.75/\$1,000 Total filing fee (initial plus final) not to exceed \$95,000.</b>

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

\_\_\_\_\_  
Chief Operating Officer

\_\_\_\_\_  
Date